



Systems Documentation – Claims II

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Section 1: Claim Suspense Listing Window

Introduction

The Claim Suspense Listing window is used to list all claims or those that are in suspended or resubmit status. From this listing the user can select a claim and make data corrections.

Claim Suspense Listing

File Applications Options

User ID:

View by Status:

☐ All ☒ Suspended ☐ Resubmitted

ICN	Claim Type	Status	Provider
-----	------------	--------	----------

Select Exit

Figure 1.1 – Claims Suspense Listing Window

File	Applications	Options
Print	Adhoc Reporting	Assign Claims
Exit	Claims	Sort
Exit IndianaAIM	Financial	
	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 1.2 – Claim Suspense Listing Menu Tree

Figure 1.2 is an illustration of the menu tree for the Claim Suspense Listing window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Suspense Listing window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a command or window option is faded, the command or window option is not available.

Choose a command or window by the following methods:

- Click the command or window option title.
- Click the desired option title and a drop-down box displays. Click the desired command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

Print – Prints a data window, current window, or the entire screen.

Exit – Returns to a previous window or exits the window.

Exit IndianaAIM – Exits IndianaAIM.

Menu Selection: Applications

This menu allows access to areas in IndianaAIM.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows.

Claims – Click **Claims** to access the Claims windows.

Financial – Click **Financial** to access the Financial windows.

Managed Care – Click **Managed Care** to access the Managed Care windows.

MARS – Click **MARS** to access MARS windows.

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows.

Provider – Click **Provider** to access the Provider windows.

Recipient – Click **Recipient** to access the member windows.

Reference – Click **Reference** to access the Reference windows.

Security – Click **Security** to access the Security windows.

SURS – Click **SURS** to access the SURS windows.

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows.

Menu Selection: Options

This menu selection allows different system functions to be selected from the menu bar.

Assign Claims – Allows claims to be assigned to staff

Sort – Allows the user to sort the ICNs in the Claim Suspense Listing window by ICN, Julian (SAK), Claim type, Status, or Provider

Field Information

Field Name: User ID

Description – ID of user to whom claims are assigned

Format – Seven alphabetic characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: View By Status

Description – Displays claims selected by user depending on status selected

Format – Valid values are as follows:

- All
- Suspended
- Resubmitted

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen numeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: Claim Type

Description – Indicates type of claim being processed

Format – Twenty alphanumeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: Status

Description – Indicates status of claim within the system

Format – All/Suspended/Resubmitted

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: Provider

Description – Indicates the provider submitting the claim

Format – Nine numeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_SUSPENSE

Menu – DW_CLAIM_SUSPENSE_LIST

Data Windows – M_BASE_LIST_SEARCH

System Features

Click **Select** to choose the highlighted claim and display the Data Correction Header screen for the claim type.

Click **Exit** to close the window. Prompt reminds user to save changes.

Section 2: Data Correction Claim Assignment and Review Window

Introduction

The Data Correction Claim Assignment and Review window allows the manager or leader to reassign claims to staff members. Claims are assigned by claim type and claim status.

Data Correction Claim Assignment & Review

File Edit Applications Options

REQUIRED

Claim Type:

Status:

OPTIONAL

User ID:

Provider:

ICN Prefix:

Search

Claim Count: 0

ICN	Claim Type	User ID	Status
-----	------------	---------	--------

Select Save Exit

Figure 2.1 – Data Correction Claim Assignment and Review Window

File	Edit	Applications	Options
Save	Copy	Adhoc Reporting	Search
Print	Paste	Claims	Sort
Exit	Cut	Financial	Re-Assign Claims
Exit IndianaAIM		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 2.2 – Data Correction Claim Assignment and Review Menu Tree

Figure 2.2 is an illustration of the menu tree for the Data Correction Claim Assignment and Review window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Data Correction Claim Assignment and Review window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down list. If a command or window option is faded, the command or window option is not available.

Choose a command or window option by the following methods:

- Click the command or window option button.
- Click the desired option title, and a drop-down box displays. Click the desired command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

Save – Saves corrected information to be saved

Print – Prints a data window, a current window, or the entire screen

Exit – Exits the window and return to a previous window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another

Paste – Inserts text that was cut or copied from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu allows the user to access areas in IndianaAIM.

Adhoc Reporting – Click **Adhoc Reporting** to access Adhoc Reporting windows

Claims – Click **Claims** to access Claims windows

Financial – Click **Financial** to access Financial windows

Managed Care – Click **Managed Care** to access Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access Prior Authorization windows

Provider – Click **Provider** to access Provider windows

Recipient – Click **Recipient** to access member windows

Reference – Click **Reference** to access Reference windows

Security – Click **Security** to access Security windows

SURS – Click **SURS** to access SURS windows

Third Party Liability – Click **Third Party Liability** to access Third Party Liability windows

Menu Selection: Options

This menu selection allows selection of different system functions from the menu bar.

Search – Allows the user to search for the criteria defined

Sort – Allows sort by ICN, Julian date (SAK), claim type, status, or provider in ascending or descending order

Re-Assign Claims – Allows supervisor or leader to reassign claims from one staff member to another without running the scheduler.

Field Information – Required

Field Name: Claim Type

Description – Claim type reassigned

Format – Valid values are as follows:

- Dental
- Pharmacy
 - Pharmacy
 - Compound
- Physician
 - Physician
 - XOVER Phys
- UB-92
 - Home Health
 - Inpatient
 - LTC
 - Outpatient
 - XOVER – Inpatient
 - XOVER – Outpatient

Features – None

Edit – None

To correct – N/A

Field Name: Status

Description – Displays claims selected by user based on status selected

Format – Valid values are as follows:

- All
- Suspended
- CCF
- Resubmit
- On Review

Features – None

Edit – None

To correct – N/A

Field Information – Optional

Field Name: User ID

Description – Allows manager to assign by user ID

Format – Seven alphabetic characters

Features – N/A

Edit – None

To correct – N/A

Field Name: Provider

Descriptions – Allows manager to limit selection of claims to individual provider number

Format – Nine numeric characters

Features – N/A

Edit – None

To correct – N/A

Field Name: ICN Prefix

Description – Allows the manager to limit assignment of claims by ICN number

Format – Thirteen numeric characters

Features – N/A

Edit – None

To correct – N/A

Field Information – Display

Field Name: Claim Count

Description – Number of claims from the selected criteria

Format – Four numeric characters

Features – Protected, display only

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen numeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: Claim Type

Description – Indicates the type of claim being processed

Format – Twenty alphanumeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: User ID

Description – Indicates user ID of individual currently assigned to the claim

Format – Seven alphabetic characters

Features – None

Edit – None

To correct – N/A

Field Name: Status

Description – Displays status of the claim detail

Format – Alphabetic characters

Features – Valid values are as follows:

- All
- Suspended
- CCF
- Resubmit
- On Review

Edit – 6535; Status may not be changed to ‘CCF’ on this window

To correct – verify selection and re-enter

System Information

PBL – CLAIM01.PBL

Window – W_DCOR_SCHED_CHANGE

Menu – DW_DCOR_SCHED_DENTAL

DW_DCOR_SCHED_PHARM

DW_DCOR_SCHED_PHYS

DW_DCOR_SCHED_UB92

Data Window – M_CLAIM_GENERIC_MAINT

System Features

Click **Exit** to close the window. User is prompted to save changes.

Click **Select** to open the highlighted claim.

Click **Search** to look for defined criteria.

Click **Save** to save changes.

Section 3: Data Correction Review Criteria Window

Introduction

The Data Correction Review Criteria window allows the manager or leader to set the number of claims for quality review for each user. Claims can be set by claim type. The user can also set the percentage and the maximum number of claims for review.

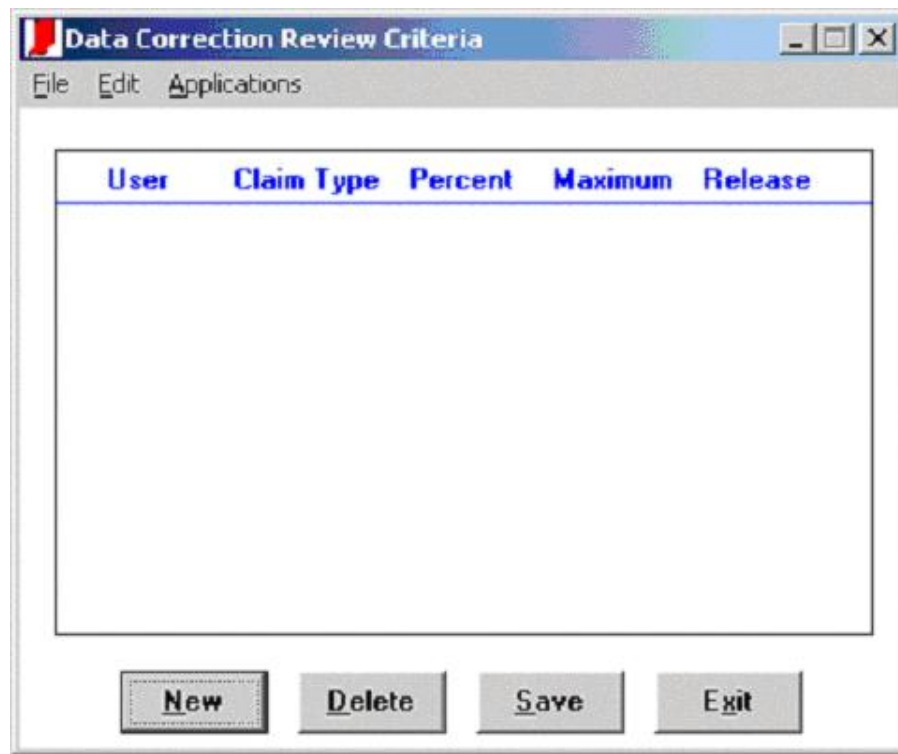


Figure 3.1 – Data Correction Review Criteria Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Print		Managed Care
Exit		MARS
Audit		Prior Authorization
Exit IndianaAIM		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 3.2 – Data Correction Review Criteria Menu Tree

Figure 3.2 is an illustration of the menu tree for the Data Correction Review Criteria window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Data Correction Review Criteria window.

Menu Bar

The menu bar is located below the window title bar and contains headings for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available.

Choose a command or window option by the following methods:

- Click the command or window option button.
- Click the desired option title, and a drop-down box displays. Click the desired command or press **Alt** plus the underscored letter of the command.

Menu Selection: File

This command allows the following options:

New – Allows the user to created a new record

Save – Allows the user to save corrected information

Delete – Allows the user to delete a record

Print – Allows the user to print a data window, the current window, or the entire screen

Exit – Allows the user to exit a window and return to a previous window

Audit – Allows the user to make system changes to the window to be reviewed

Exit IndianaAIM – Allows the user to exit IndianaAIM

Menu Selection: Edit

This menu selection allows data to be modified.

Copy – Copies text from one area to another

Paste – Inserts text that is cut or copied from one area into another

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection allows the user to access areas in IndianaAIM.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access the MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the member windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: User

Description – Indicates the person to whom the claims are assigned

Format – Seven alphabetic characters

Features – None

Edit – 91052; User ID is invalid!

To correct – Verify keying and re-enter

Field Name: Claim Type

Description – Indicates the type of claim assigned for review.

Format – One alphabetic character

Features – Drop-down box; valid values are as follows:

- A – Inpatient Crossover
- B – CMS-1500 Crossover
- C – Outpatient Crossover
- D – Dental
- F – Financial
- H – Home Health
- I – Inpatient
- L – Nursing Home
- M – CMS-1500
- O – Outpatient
- P – Pharmacy
- Q – Compound
- S – Shadow

Edit – None

To correct – N/A

Field Name: Percent

Description – The percentage of claims for quality review per day

Format – Three numeric characters

Features – None

Edit – None

To correct – N/A

Field Name: Maximum

Description – Total number of claims for quality review based on the percentage

Format – Four numeric characters

Features – None

Edit – None

To correct – N/A

Field Name: Release

Description – Indicates claims assigned are ready for release at the end of the day or on hold pending review by manager or leader

Format – Yes or No

Features – Drop-down box

Edit – None

To correct – N/A

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_DCOR_QLTY_CTL

Menu – DW_DCOR_QLTY_CTL

Data Window – M_CLAIM_GENERIC_MAINT

System Features

Click **New** to add a new user for quality review.

Click **Save** to save corrected or new information entered in the Data Correction Review Criteria window. When the save is complete the Save Successful window appears. If **Save** is clicked, and the information is already saved, the error 8004 window appears. The window states no changes were made.

Click **OK** to exit the window.

Click **Delete** to delete the highlighted information from the Data Correction Review Criteria window.

Click **Exit** to exit the Data Correction Review Criteria window and return to the previous window.

Section 4: Data Correction Scheduling Criteria Window

Introduction

The Data Correction Scheduling Criteria window allows the manager or leader to distribute claims to the users daily.

The screenshot shows a software window titled "Data Correction Scheduling Criteria". It features a menu bar with "File", "Applications", and "Options". Below the menu bar is a table with the following columns: "User", "Claim Type", "Location Range", "Region", and "Provider". The first row of data shows "Dental" under "Claim Type", "00" under "Location Range", and "20" under "Region". Below the table are four buttons: "New", "Delete", "Save", and "Exit". At the bottom of the window, there is a section labeled "Claims: 0" which contains another table with columns: "Julian", "Loc", "ICN", "Provider SAK", and "User ID".

Figure 4.1 – Data Correction Scheduling Criteria Window

File	Applications	Options
Print	Adhoc Reporting	Assign Claims
Exit	Claims	Sort
Exit IndianaAIM	Financial	Schedule Dental
	Managed Care	Schedule Pharmacy
	MARS	Schedule Physician
	Prior Authorization	Schedule UB92
	Provider	Schedule Physician by Location
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 4.2 – Data Correction Scheduling Criteria Menu Tree

Figure 4.2 is an illustration of the menu tree for the Data Correction Scheduling Criteria window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Data Correction Scheduling Criteria window.

Menu Bar

The menu bar is located below the window title bar and contains a heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down box. If a command or window option is faded, the command or window option is not available.

Choose a command or window option by the following methods:

- Click the command or window option button.
- Click the desired option title, and a drop-down box displays. Click the desired command or press **Alt** plus the underscored letter of the command.

Menu Selection: File

This command allows the following options:

Print – Allows the user to print a data window, the current window, or the entire screen

Exit – Allows the user to the exit the window and return to a previous window

Exit IndianaAIM – Allows the user to exit IndianaAIM

Menu Selection: Applications

This menu allows access to areas in IndianaAIM.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the member windows

Reference – Click **Reference** to access the Reference windows.

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu options allows the selection of different system functions from the menu bar.

Assign Claim – Allows the user to assign claims by location and claim type

Sort – Allows the user to sort by user, claim type, location, region, or provider

Schedule Dental – Allows the manager or leader to run the scheduler for dental claims with defined criteria. The scheduler pulls in all suspended dental claims not assigned to a user ID and assigns to a user by the defined criteria.

Schedule Pharmacy – Allows the manager or leader to run the scheduler for pharmacy claims with defined criteria. The scheduler pulls in all suspended pharmacy claims not assigned to a user ID and assigns to a user by the defined criteria.

Schedule Physician – Allows the manager or leader to run the scheduler for physician claims with defined criteria to all users. The scheduler pulls in all suspended physician claims not assigned to a user ID and assigns to a user by the defined criteria.

Schedule UB-92 – Allows the manager or leader to run the scheduler for UB-92 claims with defined criteria to all users. The scheduler pulls in all suspended UB-92 claims not assigned to a user ID and assigns to a user by the defined criteria.

Schedule Physician by Location – Allows the manager or leader to run the scheduler for physician claims with defined criteria to all users. The scheduler pulls in all suspended physician claims by location not assigned to a user ID and assigns to a user by the defined criteria.

Field Information

Field Name: User

Description – Indicates the person to whom claims are assigned

Format – Seven alphabetic characters

Features – None

Edit – 91080; User ID is required

To correct – Verify keying and re-enter

Edit – 91052; User ID is invalid!

To correct – Verify keying and re-enter

Field Name: Claim Type

Description – Indicates the type of claim assigned for review

Format – Alphanumeric characters

Features – Drop-down box; valid values are as follows:

- Dental
- Pharmacy
- Physician
- UB-92

Edit – None

To correct – N/A

Field Name: Location

Description – Location of assigned claims

Format – Two alphanumeric characters

Features – Optional field

Edit – None

To correct – N/A

Field Name: Range

Description – Range of assigned claims

Format – Two alphanumeric characters

Features – Optional field

Edit – None

To correct – N/A

Field Name: Region

Description – Region code of assigned claims

Format – Two numeric characters

Features – Optional field

Edit – None

To correct – N/A

Field Name: Provider

Description – Indicates the provider who submitted claim

Format – Nine numeric characters

Features – None

Edit – 91088; Provider is not on file!

To correct – Verify keying and re-enter

Edit – Provider number must be 9 characters!

To correct – Verify keying and re-enter

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_DCOR_SCHEDULE

Menu – DW_DCOR_SCHEDULE

Data Window – CLAIM_GENERIC_MAINT

System Features

Click **New** to add new criteria.

Click **Save** to save corrected or new information entered on the Data Correction Scheduling Criteria window. When save is complete the Save Successful window displays.

Click **OK** to exit the window. If **Save** is clicked, and the information is already saved, Error 8004 window displays, stating no changes were made.

Click **OK** to exit the window.

Click **Delete** to remove the highlighted information from the Data Correction Scheduling Criteria window.

Click **Exit** to exit the Data Correction Scheduling Criteria window and return to the previous window.

Section 5: Physician Data Correction Window

Introduction

The Physician Data Correction window is opens automatically from the first claim listed in the Claim Suspense Listing window. The user can access the following from this window:

- Detail lines – Displays data provided on the detail lines
- EOB/Errors – Displays all EOB messages or error codes about the claim
- Remarks – Displays all Claim Remark codes and descriptions associated with the claim
- Member database – Accesses member information for the RID number on the screen
- Provider database – Accesses provider information for the provider identification number on the screen
- TPL database – Accesses TPL information for the member
- Any related history claims that apply to the claim

The following fields can be updated:

- RID No.
- Member last name and member first name
- Provider identification number and location code
- Referring provider number
- Patient account number
- Accident indicator
- Attachment indicator
- Signature indicator
- TPL amount
- Patient deductible amount
- Claim status, from suspended to resubmit
- Date billed
- Certification number
- From and to dates of service
- Hospital to and from dates of service
- Billed amount (Amount is recalculated if Billed Amt is changed on details)
- Net billed amount (Amount is recalculated if TPL Amt is added)

Claim correction is accomplished by changing the data on any of the above fields. User can also provide additional detail lines. After data correction is complete, the user can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle and any applicable edits and audits. The claim enters the processing cycle on resubmission.

Physician Data Correction

File Edit Applications Options Claim

ICN: Claim Type: Claim Status: Txn Type: No. of Details:

RID No.: Recip Last Name: Recip First Name:

Provider/Location: From DOS: To DOS:

Referring Provider: Hospital From DOS: Hospital To DOS:

Patient Acct No: Date Billed: TPL Amount:

Accident: Billed Amount: Patient Deduct Amt:

Attachment: Certification Number: Net Billed Amount:

Signature:

Detail No.	Stat	From DOS	To DOS	POS	Proc Code	1	2	3	4	Diag XRef	Units Billed	Units Alwd	Billed Amt
001	P	2003/11/17	2003/11/17	12	L3908	LT				1	1.00	1.00	\$28.00
002	S	2003/11/17	2003/11/17	12	L3908	RT				1	1.00	1.00	\$28.00

Detail No.	Error Disp	Error Code	Num Dtl	Health Pgm	Detail Number	Related ICN	Related Detail	Processed Date
02	<input type="text" value="5000"/>		00	MA	2	000000000000	1	2003/12/16
			01	MA				
			02	MA				

Next ICN:

Resubmitted since 13:38:32

Figure 5.1 – Physician Data Correction Window – Scrolled Left

Physician Data Correction

File Edit Applications Options Claim

ICN: Claim Type: Claim Status: Txn Type: No. of Details:

RID No.: Recip Last Name: Recip First Name:

Provider/Location: From DOS: To DOS:

Referring Provider: Hospital From DOS: Hospital To DOS:

Patient Acct No: Date Billed: TPL Amount:

Accident: Billed Amount: Patient Deduct Amt:

Attachment: Certification Number: Net Billed Amount:

Signature:

Allowed Amt	PI	Emrg	EP	Preg	Rendering Provider	Loc	Rendering Taxonomy	NDC	NDC UOM	NDC Qty
\$0.00	1	No	No	No						0.000
\$0.00	1	No	No	No						0.000

Detail No.	Error Disp	Error Code	Num Dtl	Health Pgm	Related ICN	Related Detail	Processed Date	Processed Time
02		5000	00	MA	1		2003/12/16	08:42:45
			01	MA				
			02	MA				

Next ICN:

Resubmitted since 10:35:37

Figure 5.2 – Physician Data Correction Window – Scrolled Right

File	Edit	Applications	Options	Claim
Save	Copy	Adhoc Reporting	Inquire	Diagnosis
Print	Paste	Claims	CCF Xref	Pregnancy Date
Exit	Cut	Financial	Location	
Audit		Managed Care	Related History	
Exit IndianaAIM		MARS	EOBs	
		Prior Authorization	Add Detail	
		Reference	Delete Detail	
		Security	Cash Disposition	
		SURS	Remarks	
		Third Party Liability		

Figure 5.3 – Physician Data Correction Menu Tree

Figure 5.3 is an illustration of the menu tree for the Physician Data Correction window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Physician Data Correction window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available.

Choose a command or window option by the following methods:

- Click the command or window option button.
- Click the desired option title, and a drop-down box displays. Click the desired command or press **Alt** plus the underscored letter of the command.

Menu Selection: File

This command allows the following options:

Save – Allows the user to save the corrected information in the Physician Data Correction window

Print – Allows the user to print the data window, the current window, or the entire screen

Exit – Allows the user to close the window and return to a previous window

Audit – Allows the user to view system changes made to each window

Exit IndianaAIM – Allows the user to exit IndianaAIM

Menu Selection: Edit

This command allows the following options:

Copy – Copies text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This command allows access to the following areas in IndianaAIM:

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the member windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows.

SURS – Click **SURS** to access the SURS windows.

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu option allows selection of the following system functions from the menu bar:

Inquire – Allows the user to enter a different claim

CCF Xref – Allows the user to view the ICN of the CCF used to correct the claim

Location – Allows the user to see the claim location

Related History – Allows the user to view any related history for the claim

EOBs – Allows the user to view the EOBs pertaining to the Physician Claim window

Add Detail – Allows the user to add a detail to the claim

Delete Detail – Allows the user to delete a detail from the claim

Cash Disposition – Allows the user to view the amount of cash disposition to the claim in question

Remarks – Allows the user to view any remarks associated with the claim in question.

Menu Selection: Claim

This menu allows the following options:

Diagnosis – Allows the user to view the Diagnosis Codes for the claim

Pregnancy Date – Allows the user to view the Pregnancy Date (EDD/LMP) Window for the claim.

Field Information – Header

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen numeric characters

Features – Protected, display only

Edits – None

To correct – N/A

Field Name: Claim Type

Description – Indicates the type of claim

Format – Twenty alphanumeric characters

Features – Protected, display only

Edits – None

To correct – N/A

Field Name: Claim Status

Description – Identifies the status of the claim

Format – Eleven alphabetic characters

Features – Drop-down list; Valid values are as follows:

- CCF

- Resubmit
- Suspended
- Batch Susp

Edit – None

To correct – N/A

Field Name: Txn Type

Description – Indicates whether claim paid the first cycle or took several cycles to pay

Format – One alphanumeric character

Features – Protected, display only

Edit – None

To Correct – N/A

Field Name: No. Of Details

Description – Number of detail service lines on the claim

Format – Three numeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: RID Number

Description – A system assigned number identifying member

Format – Twelve numeric characters

Features – None

Edit – 4001; Indiana Health Coverage Programs ID not found!

To correct – Verify keying and re-enter

Edit – 91029; RID No. must be numeric!

To correct – Verify keying and re-enter

Edit – 91052; RID No. is invalid!

To correct – Verify keying and re-enter

Field Name: Recip Last Name

Description – The last name of the member identified by the RID number

Format – Fifteen alphanumeric characters

Features – When correcting, add only the first three characters

Edit – None

To correct – N/A

Field Name: Recip First Name

Description –First name of the member identified by the RID number

Format – Fifteen alphanumeric characters

Features – When correcting, add only the first character

Edit – None

To correct – N/A

Field Name: Provider/Location

Description – Identification number and location identifying the provider

Format – Nine numeric and one alpha character

Features – None

Edit – 5052; Provider ID not found!

To correct – Verify keying and re-enter

Edit – 5093; Provider ID must be 9 numeric digits!

To correct – Verify keying and re-enter

Edit – 91029; Provider number must be numeric!

To correct – Verify keying and re-enter

Edit – 91052; Provider number is invalid!

To correct – Verify keying and re-enter

Field Name: Referring Provider

Description – The unique number identifying provider who referred the patient for service

Format – Nine numeric characters

Features – Situational field

Edit –5052; Provider ID not found!

To Correct – Verify keying and re-enter

Edit – 91029; Provider number must be numeric!

To correct – Verify keying and re-enter

Edit – 91052; Provider number is invalid!

To correct – Verify keying and re-enter

Field Name: Patient Acct No.

Description – Unique value used by the provider to identify medical records for this patient

Format – Twenty alphanumeric characters

Features – Optional field

Edit – 91031; Patient account number must be alphanumeric!

To correct – Verify keying and re-enter

Field Name: From DOS

Description – Date of first service on the claim

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91002; Date must be numeric!

To correct – Verify keying and re-enter

Edit – 91001; Invalid date (CCYYMMDD)!

To correct – Verify keying and re-enter

Field Name: To DOS

Description – Date of last service on the claim

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91002; Date must be numeric

To correct – Verify keying and re-enter

Edit – 91001; Invalid date (CCYYMMDD)!

To correct – Verify date and format and re-enter

Field Name: Hospital From DOS

Description – Date the member was admitted to inpatient hospital for the services billed

Format – Eight numeric characters, in CCYYMMDD format

Features – Situational field

Edit – 91002; Date must be numeric

To correct – Verify keying and re-enter

Edit – 91001; Invalid Date (CCYYMMDD)!

To correct – Verify date and format and re-enter

Edit – 91076; Hospital From DOS must be less than Hospital To DOS

To correct – Verify keying and re-enter

Field Name: Hospital To DOS

Description – Date the member was discharged from inpatient hospital for the services billed

Format – Eight numeric characters, CCYYMMDD format

Features – Situational field

Edit – 91052; Invalid Date (CCYYMMDD)!

To correct – Verify date and format and re-enter

Edit – 91076; Hospital From DOS must be less than Hospital To DOS

To correct – Verify entry and re-enter

Edit – 91002; Date must be numeric

To correct – Verify keying and re-enter

Field Name: Date Billed

Description – Date claim was submitted for processing

Format – Eight numeric characters, CCYYMMDD format

Features – None

Edit – 91002; Date must be numeric

To correct – Verify keying and re-enter

Field Name: TPL Amount

Description – Amount paid by third party for services

Format – Eight numeric characters, including two decimal places

Features – Situational field

Edit – 91007; Data must be numeric!

To correct – Verify entry and re-enter

Field Name: Accident

Description – Indicates whether service was provided as a result of an accident

Format – alphabetic characters

Features – Drop-down list; Valid values are as follows:

- Employment
- Auto
- C – Other
- None
- Z – Other

Edit – None

To correct – N/A

Field Name: Billed Amount

Description – Amount requested by the provider for services rendered

Format – Eight numeric characters including two decimal places

Features – Amount is recalculated if Billed Amt is changed on details

Edit – None

To correct – N/A

Field Name: Patient Deduct Amt

Description – Dollar amount the member is responsible for paying for the services rendered

Format – Eight numeric characters, including two decimal places

Features – None

Edit – 91007; Data must be numeric

To correct – Verify keying and re-enter

Field Name: Attachment

Description – Indicates an attachment

Format – Yes/No

Features – Drop-down box

Edit – None

To correct – N/A

Field Name: Signature

Description – Indicates the claim was signed by the provider or representative

Format – Yes/No

Features – Drop-down box

Edit – None

To correct – N/A

Field Name: Certification Number

Description – Code used by a provider to allow for referred services for managed care

Format – Two alphanumeric characters

Features – Situational field

Edit – None

To correct – N/A

Field Name: Net Billed Amount

Description – Amount remaining after payment is made by all other sources such as co-pay and TPL

Format – Eight numeric characters, including two decimal places

Features – None

Edit – None

To correct – N/A

Field Name: Next ICN

Description – Internal control number that identifies the next claim you wish to display

Format – Thirteen numeric characters

Features – None

Edit – 91072; ICN must be 13 digits!

To correct – Verify entry and click **Search** or press enter.

Edit – 91029; ICN must be numeric!

To correct – Verify entry and click **Search** or press enter.

Edit – 91024; No match found!

To correct – Verify entry and click **Search** or press enter.

Field Name: Resubmitted since (timestamp)

Description – Counter that displays number of times claim has been resubmitted for processing by the user

Format – Six numeric characters (HH:MM:SS)

Features – Protected, display only

Edit – None

To correct – N/A

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_BASE_MAINT_DATACOL

Menu – M_CLAIM_DCOR

Data Window – DW_PHYS_HDR_SUSPENDED

System Features

Click **Data Corrections** in the Claims window to open the Claims Suspense Listing window and the first claim listed in the window automatically opens. When the system opens the claim the claim status is changed to resubmit automatically.

Click **Save** to apply all changes to the claim for the Claim Header, Details, and Errors windows. When the save is successful, the system automatically exits the claim, opens the next claim in the Claim Suspense Listing window, and changes the status to resubmit. As long as **Save** is selected each time, the automatic open and close function continues. To bypass the automatic open and close function, click **Exit** in the Physician Data Correction window. The system prompts, *Do You Want To Save Changes?* Click **Yes** to save changes. The next claim does not automatically open.

To restart the automatic open and close function, double-click **Next ICN**, or click **Select** at the Claim Suspense Listing window. As long as the user clicks **Save**, the automatic open and close function remains active.

The *Next ICN* field allows the user to enter the ICN for CCFs that must be worked and pulls the claim into view.

A resubmit counter within the window tracks the number of claims resubmitted for processing during the session. Click **Exit** to exit the Physician Data correction window. The system resets the counter to zero.

When the **RID No.**, is changed to a valid number, the **Recip Name** fields are updated.

Double-click **Provider** or **Referring Provider** to access the Provider Base window.

Double-click **RID No.** to access the member base window.

Double-click **TPL Amount** or **Patient Deduct Amt** to access the TPL Search/Resource window.

Field Information – Detail

The Physician Data Correction window detail section displays all the information provided from the detail lines of a physician claim. There is also system-generated data displayed, such as the allowable amount for services billed. This window is scrollable to view all data. This window is used to view and correct detail errors on physician claims.

Field Name: Detail No

Description – Number of the detail on the claim record

Format – Three numeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: Detail Stat

Description – Indicates the status of the detail in the system.

Format – One alphabetic character

Features – Protected, display only; valid values are as follows:

- P = Paid
- S = Suspended
- D = Denied
- C = CCF

Edit – None

To correct – N/A

Field Name: From DOS

Description – Date the services were first performed

Format – Eight numeric characters, CCYYMMDD format

Features – None

Edit – 91052; Date is invalid! (CCYYMMDD)!

To correct – Verify date and format and re-enter

Field Name: To DOS

Description – Date services were last performed

Format – Eight numeric characters in CCYYMMDD format

Features – None

Edit – 91052; Date is invalid! (CCYYMMDD)!

To correct – Verify date format and re-enter

Field Name: POS

Description – Location where services were rendered

Format – Two numeric characters

Features – None

Edit – 91006; Field is required

To correct – Enter a valid Place of Service code

Edit – 91052; POS is invalid!

To correct – Verify keying and re-enter

Field Name: Proc Code

Description – Code used to identify a medical, dental, or DME procedure

Format – Five alphanumeric characters

Features – None

Edit – 91006; Procedure code field is required

To correct – Enter a valid procedure code

Edit – 91052; Procedure code is invalid!

To correct – Verify keying and re-enter

Field Name: Modifiers 1, 2, 3, and 4

Description – Code used to further define a procedure

Format – Two alphanumeric characters

Features – Situational field

Edit – None

To correct – N/A

Field Name: Diag XRef

Description – Indicates the diagnosis being treated

Format – One to four numeric characters

Features – None

Edit – 6505; Diag Xref includes a non-existent Diagnosis!

To correct – Verify keying and re-enter

Edit – 91029, Diagnosis XRef must be numeric

To correct – Verify keying and re-enter

Field Name: Units Billed

Description – Number of units for service provided

Format – Six numeric characters including two decimal places

Features – None

Edit – 91007; Data must be numeric!

To correct – Verify entry and re-enter

Edit – 91076; Units billed must be less than 10,000!

To correct – Verify entry and re-enter

Field Name: Units Alwd

Description – Number of units of service that to be paid

Format – Six numeric characters including two decimal places

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: Billed Amt

Description – Amount of money requested for payment by provider for services rendered

Format – Eight numeric characters including two decimal places

Features – None

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Field Name: Allowed Amt

Description – The lesser of the billed amount and the allowed amount on file

Format – Eight numeric characters including two decimal places

Features – None

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Field Name: PI

Description – Indicates the pricing methodology applied to the procedure performed

Format – One character numeric

Features – Protected, for display only

Edit – None

To correct – N/A

Field Name: Emrg

Description – Indicates if service provided was the result of an emergency

Format – Yes/No

Features – Drop-down box

Edit – None

To correct – N/A

Field Name: EP

Description – Indicates if the services are related to EPSDT services or pregnancy. EPSDT indicates referrals were made.

Format – Two alphabetic characters

Features – Drop-down box; valid values as follows:

- D = Dental
- V = Vision
- P = Pregnancy
- None

Edit – None

To correct – N/A

Field Name: Preg

Description – Indicates whether service is related to pregnancy

Format – Yes/No

Features – Drop-down box

Edit – None

To correct – N/A

Field Name: Rendering Provider

Description – Provider identification number of the provider rendering the service

Format – Nine numeric characters

Features – None

Edit – 91029; Provider number must be numeric

To correct – Verify typing

Edit – 91052; Provider number is invalid!

To correct – Verify typing.

Edit – 5093; Provider ID must be 9 numeric digits!

To correct – Verify typing

Field Name: Loc

Description – Site where services were performed

Format – One alphabetic character

Features – None

Edits – None

To correct – N/A

Field Name: Rendering Taxonomy

Description – A provider classification system that has three levels

Format – Ten alphanumeric characters

- Level I – Alphanumeric characters in the first and second position identify a major group of services or occupation of health care
- Level II – Alphanumeric characters in the third and fourth position identify more specific services or occupations based upon licensed provider classifications
- Level III - Alphanumeric characters in positions five through ten identify the provider specialization

Features – None

Edit – 91052; Taxonomy is invalid!

To correct – Verify typing

Field Name: NDC

Description – National Drug Code

Format – Eleven numeric characters

Features – None

Edit – 8050; Drug not found on file

To correct – Verify keying and re-enter

Edit – 91029; NDC Code must be numeric!

To correct – Verify keying and re-enter

Edit – 8044; Drug code must be 11 characters in length

To correct – Verify keying and re-enter

Field Name: NDC UOM

Description – National Drug Code unit of measure

Format – Two alphanumeric characters

Features – Drop-down box; valid values as follows:

- IG
- GR
- ME
- ML
- UN

Edit – UOM cannot exist without an NDC code

To correct – Verify typing

Edit – 91037; UOM field is required!

To correct - Verify keying and re-enter

Field Name: NDC Qty

Description – National Drug Code quantity

Format – Nine total numeric characters with three decimal places

Features – None

Edit – 91037; NDC Qty field is required

To correct – Verify keying and re-enter

Edit – 91077; NDC Qty must be less than or equal to 999,999.999

To correct – Verify keying and re-enter

Edit – NDC Qty cannot be greater than 0 without an NDC code

To correct - Verify keying and re-enter

Edit – 91029; NDC Qty must be numeric!

To correct - Verify keying and re-enter

Edit – 91067; NDC Qty must be greater than zero!

To correct - Verify keying and re-enter

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_BASE_MAINTCOL

Menu – M_CLAIM_DCOR

Data Window – DW_PHYS_DTL_SUSPENDED

System Features

A change in **Billed Amount** causes the header Billed Amount to be recalculated and saved.

When the **Add/Delete A Detail** function is used, the system automatically recalculates the total billed amount.

Field Information – Claim Errors Section

The Claim Errors window is displayed in the lower left corner of the main Data Correction Physician window. This window displays the errors applicable to the claim being viewed, regardless of whether they are in the header or detail lines. The detail line numbers of errors are also displayed.

Field Name: Detail No

Description – The number of the header (00) or detail (01-52) for a specific claim in error

Format – Three numeric characters

Features – None

Edit – 91006; Field is required!

To correct – Enter a detail number

Edit – 91037; Field is required!

To correct – Enter a detail number

Edit – 91052; Detail number is invalid!

To correct – Verify keying and re-enter

Field Name: Error Disp

Description – Indicates the claim disposition applicable to the edit or audit

Format – Blank/CCF/Force/Deny/Batch

Features – Drop-down box

Edit – 6009; Error Disp may not be ‘Deny’ unless EOB exits!

To correct – Verify entry and re-enter

Edit – 6533; This status may only be assigned by the system!

To correct – Verify keying and re-enter

Field Name: Error Code

Description – Code used to identify the edit or audit

Format – Four numeric characters

Features – Double-click to display the Claim Error List window

Edit – 91006; Field is required!

To correct – Enter a valid error code

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Edit – 91037; Error code is required!

To correct – Enter a valid error code

Edit – 91052; Error code is invalid!

To correct – Verify keying and re-enter

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_BASE_MAINT_DATACOL

Menu – M_CLAIM_DCOR

Data Window – DW_CLAIM_ERROR_DCOR

System Features

The Claims Errors window is used for inquiry, data corrections, and adjustments.

Claim errors can be added or changed during data correction and adjustment processing only.

The Claims Errors window only displays errors that have not been worked when the claim is opened.

Double-click within this window to display the full Claims Errors window, including the description of the ESC code.

Field Information – Claim Program Xref Section

The Claim Program Xref window is displayed in the lower middle section of the main Data Correction Physician window. This window displays other health programs that have a financial liability for the claim being viewed. The window is not updatable and is shared by all claim types.

Field Name: Num Dtl

Description – Indicates the current detail line related to the claim displayed

Format – Two numeric characters

Features – Protected, display only

Field Name: Health Pgm

Description – Indicates a health program with liability for the claim displayed

Format – Two alphabetic characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_BASE_MAINT_DATACOL

Menu – M_CLAIM_DCOR

Data Window – DW_DATACOR_PGM_XREF

System Features

None

Field Information – Related Claim History Section

The Related Claim History window is displayed in the lower right section of the main Data Correction Physician window. This window lists other claims that are related to the current claim. The window cannot be updated and is shared by all claim types.

Field Name: Detail Number

Description – Indicates the current detail line related to the history claim displayed.

Format – Two numeric characters

Features – Protected, display only

Field Name: Related ICN

Description – ICN of the related claim

Format – Thirteen numeric characters

Features – Double click on ICN and related claim will be displayed

Field Name: Related Detail

Description – Indicates the history detail line related to the current detail line

Format – Two numeric characters

Features – Protected, display only

Field Name: Processed Date

Description – Indicates date of processing related to current detail line

Format – Eight numeric characters, CCYY/MM/DD format

Features – Protected, display only

Field Name: Processed Time

Description – Indicates time of processing related to current detail line

Format – Six numeric characters, HH:MM:SS format

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_BASE_MAINT_DATACOL

Menu – M_CLAIM_DCOR

Data Window – DW_CLAIM_RELATED_HISTORY

System Features

None

Section 6: Physician Xover Information Window

Introduction

The Physician Xover Information window displays the Crossover information applicable to a crossover claim in suspense.

The screenshot shows a window titled "Xover Information" with a menu bar containing "File" and "Applications". Below the menu bar is a label "ICN:" followed by an empty text input field. The main area of the window contains a table with the following data:

Detail #:	Medicare Allowed:	Deductible:	Coinsurance:	Psych Amount:	Medicare Paid:
000	\$0.00	\$0.00	\$48.11	\$0.00	\$0.00

Below the table is a large empty rectangular box. At the bottom right of the window is an "Exit" button.

Figure 6.1 – Xover Information Window

File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Claims
Audit	Cut	Financial
Exit IndianaAIM		Managed Care
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 6.2 – Xover Information Menu Tree

Figure 6.2 is an illustration of the menu tree for the Xover Information window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Xover Information window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

- Click the command or window option title. A drop-down box displays. Click the desired command or option.
- Click **Alt** and the underscored letter of the command or window option. A drop-down box displays. Click the underscored letter of the command or option to open the window.

Menu Selection: File

This command provides the following options:

Save - Allows the user to save the corrected information in Xover Information window

Print – Allows the user to print a data window, the current window, or the entire screen

Exit – Allows the user to the exit the window and return to a previous window

Audit – Allows the user to view the system changes made to each window

Exit IndianaAIM – Allows the user to exit IndianaAIM.

Menu Selection: Edit

This command allows the following options:

Copy – Copies text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu options allows the user to access areas in IndianaAIM.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the member windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen numeric characters

Features – Carried from claim header or detail window ICN field

Edits – None

To correct – N/A

Field Name: Detail #

Description – The number of the detail on the claim record

Format – Three numeric characters

Features – Protected, display only

Edit – None

To correct – N/A

Field Name: Medicare Allowed

Description – The dollar amount Medicare allows for the service being billed

Format – Eight numeric characters including two decimal places

Features – None

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Edit – 91076; Amount must be less than \$1,000,000.00!

To correct – Verify keying and re-enter

Field Name: Deductible

Description – Deductible dollar amount

Format – Eight numeric characters including two decimal places

Features – None

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Edit – 91076; Amount must be less than \$1,000,000.00!

To correct – Verify keying and re-enter

Field Name: Coinsurance

Description – Coinsurance dollar amount

Format – Eight numeric characters including two decimal places

*Features –*None

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Edit – 91076; Amount must be less than \$1,000,000.00!

To correct – Verify keying and re-enter

Field Name: Psych Amount

Description – 37.5 percent psychiatric reduction. This only applies for paper claims, and is identified by **L Amount** on the Medicare EOMB. On tape crossovers this amount is included in the coinsurance amount.

Format – Eight numeric characters including two decimal places

Features – None

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Edit – 91076; Amount must be less than \$1,000,000.00!

To correct – Verify keying and re-enter

Field Name: Medicare Paid

Description – Identifies how much Medicare paid on the claim submitted

Format – Eight numeric characters including two decimal places

Features – None

Edit – 91076; Amount must be less than \$1,000,000.00

To correct – Verify keying and re-enter

Edit – 91007; Data must be numeric!

To correct – Verify keying and re-enter

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_XOVER

Menu – M_CLAIM_GENERIC_MAINT

Data window – DW_PHYS_XOVER

System Features

Click **Exit** to exit the Xover Information window.

Section 7: Physician Diagnosis Codes Window

Introduction

The Physician Diagnosis Codes window allows the user to view the diagnoses pertinent to the claim in suspense. It can also be used to correct data by changing any of the diagnoses displayed or by entering additional diagnoses.

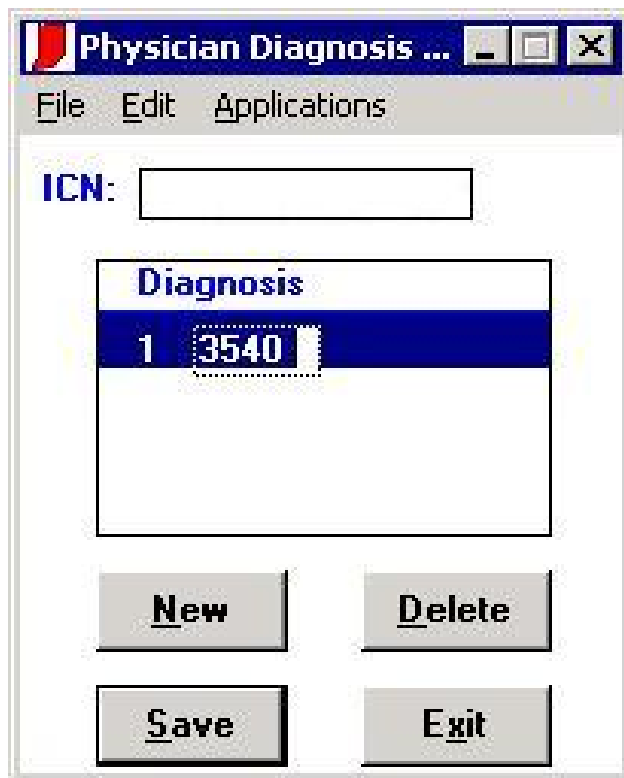


Figure 7.1 – Physician Diagnosis Codes Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Print		Managed Care
Exit		MARS
Audit		Prior Authorization
Exit IndianaAIM		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 7.2 – Physician Diagnosis Codes Menu Tree

Figure 7.2 is an illustration of the menu tree for the Physician Diagnosis Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Physician Diagnosis Codes window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

- Click on the command or window option title. A drop-down box displays. Click the command or option.
- Click **Alt** and the underscored letter of the command or window option. A drop down box displays. Click the underscored letter of the command or option to open the window.

Menu Selection: File

This command provides the following options:

New – Allows a new record to be created

Save – Allows corrected or new information to be saved

Delete – Allows a record to be deleted

Print – Allows a data window, the current window, or the entire screen to be printed

Exit – Allows the window to be closed and returns to a previous window

Audit – Allows system changes made to each window to be viewed

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This command allows the following options:

Copy – Copies text so the user can transfer the copied text to another area

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

This menu allows the user to access areas in IndianaAIM.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows.

Provider – Click **Provider** to access the Provider windows.

Recipient – Click **Recipient** to access the member windows.

Reference – Click **Reference** to access the Reference windows.

Security – Click **Security** to access the Security windows.

SURS – Click **SURS** to access the SURS windows.

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability window.

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen numeric characters

Features – Protected, display only

Edits – None

To correct – N/A

Field Name: Diagnosis

Description – Indicates the diagnosis codes applicable to the claim

Format – Five alphanumeric characters

Features – None

Edit – 91052; Diagnosis Code is invalid!

To correct – Verify keying and re-enter

Edit – 91031; Diagnosis Code must be alphanumeric!

To correct – Verify keying and re-enter

Other Messages

8004 – No changes keyed!

6512 – Warning! Save despite errors?

Save Successful

Save Unsuccessful

No Modifications Made

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_DIAGNOSIS

Menu – M_CLAIM_GENERIC_INQUIRY

Data Window – DW_CLAIM_DIAGNOSIS

System Features

Click **New** to open a new window and add a new diagnosis to the window.

Click **Save** to save the changes made to this window.

Click **Delete** to delete the highlighted information.

Click **Exit** to close this window, user is prompted to save any changes made.

If the diagnosis is not on the diagnosis file, Not On File displays beside the diagnosis code.

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